Foster Family Home - Deficiency Report

Provider ID: 1-190089

Home Name: Erica Carla Nanao, CNA Review ID: 1-190089-6

3835 Likini Street Reviewer: Maribel Nakamine

Honolulu HI 96818 Begin Date: 8/23/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to on 9/23/2021.

CG#1 requests to increase from 2 client to a 3 client CCFFH.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#5 without a current result of APS/CAN/Fingerprinting.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- No Job Experience Form completed for CG#3.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times

of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall

include the testing of smoke detectors.

Comment:

46.(a)- Monthly fire drill without various time variations. Fire drills conducted took 1-2 hours long.

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Foster Family	Home	Physical Environment	[11-800-49]	
49.(a)(4)	Wheelcl	nair accessibility to sleeping rooms, bat	hrooms, common areas and exits, as appropriate;	
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.			
49.(e)	The home shall have policies regarding smoking on the property that:			
Comment:				

49.(a)(4)- Back emergency exit door pathway was cluttered/obstructed with multiple household items preventing a clear pathway for a wheelchair to pass through in the event of an evacuation/emergency.

49.(c)(3)- Back screen door with multiple holes/rips- bugs/insects can possibly enter the CCFFH and bite the clients.

49.(e)- No smoking policy present.

Foster Family	Home	Client Rights		[11-800-53]	
		-		-	
53.(b)(15)	Have dail	y visiting hours and provisions f	or privacy established	d;	
Comment:					
53(b)(15)- No	isiting hour	s policy present.			

Foster Famil	y Home	Records	[11-800-54]	
54.(c)(8)	Persona	al inventory.		
Comment:				

54.(c)(8)- No Personal Inventory Checklist completed for Client #1.

Compliance Manager

Primary Care Giver

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Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP) Chapter 11-800

PCG's Name on CCFFH Certificate:		Erica	Carla	þ.	Nanao	
CCFFH Address:	3635	Likini st	tonul i		HE 96818	
			(PLI	EASE	PRINT)	

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(0)(1)(2) Obtained APS/CAN/Finger panting for Avusehold #5 and filed in CCFFH Binder	09/23/2021	expiration dates.
41(a)(3)	Job experience was obtained from Cu#3 and filed on CCTFH Builder	9/22/1021	thome will knep track of require ments by using a calendar posted in the kitchen as a reminder.
46(a)	Tire drift will be conducted at various different times	9/9/2021	ciffly will remember to conduct fire drill at different times each month and will add it in the wall calendar.
49(a)(4)	Emergency exit abor pathway was chared of multiple llousehold items	9/9/2021	will make sure that thrics a cleared emergency polloway that always he maintained
19(1)(3)		9/19/2021	CG#1 will in spect windows backdoor all screens to make sure there is no hole or rips in the succen. C6#1 will put cakedar a teminder for Inspection.
19 [e)	Smoking policy printed and filed in (CFF) Binder	9/9/2021	CG#11 mill make sure-that smoking policy is in CCFAH Birder and posted.
3(b)(15)	Visiting thours policy printed and filed in CCTTH-Binder	9/9/2021	Chits and all calculvers will add here to my choice my way in regards to visitation right of the clients.
(1)(8)	personal Inventory form for Client#1 was fill out and completed and filed on client binder	9/9/2021	CGH1 will check client Belongings upon admission and fill out personal Inventory Forms.

M All items that we	ere fixed are attached to this CAP	1.35
PCG's Signature: _	Grico Casla Nanas	Date: 9 23 202



